



**ARKANSAS STATE BOARD OF NURSING  
DEPARTMENT OF ENFORCEMENT**

**REINSTATEMENT**

**PERSONAL REPORT**

Clean and Sober Date: \_\_\_\_\_

List all of your drugs of choice (both legal and illicit): \_\_\_\_\_

\_\_\_\_\_

Have you ever attended AA, NA, or other nationally-recognized 12-step program or other type of support group? If so, how often did you attend and include a letter from your sponsor or counselor on your behalf. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**\*Submit this completed document through your Arkansas Nurse Portal account.**

\_\_\_\_\_  
(Name)

\_\_\_\_\_  
(License Number)

\_\_\_\_\_  
(Date)